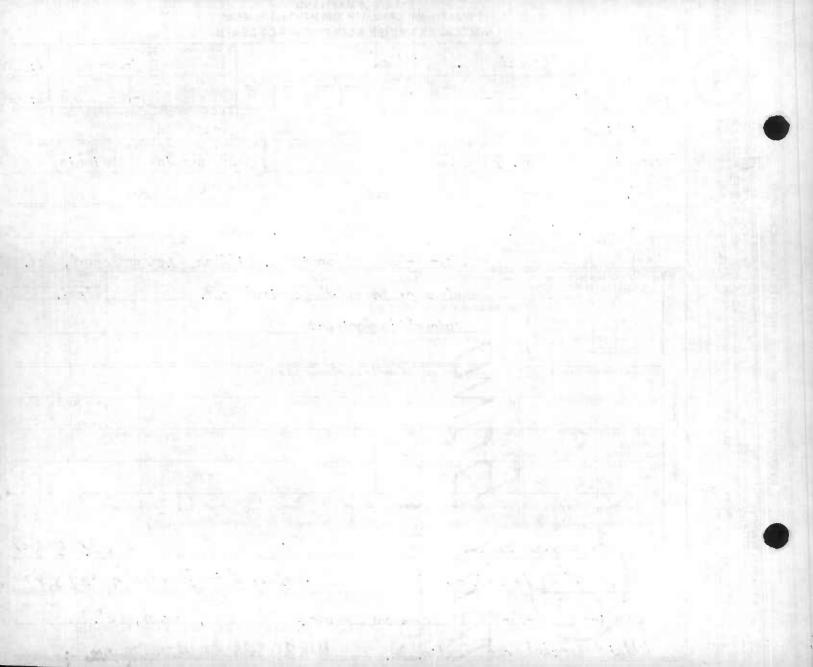
-2	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH, AND MENTAL HY ICATE OF DEATH	REG. NO		
oy be deoth		CEASED NAME FIRST	BERTHA L		V 1 14 3" "	KENS	3 - 2 7	-84	2b. HOUR 6:30 M
ge 4 mo ector, po	3. SE	FEMALE	4 RACE WHIT	E	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTI	YRS.	DAYS HOURS MIN.
nerol dir	7a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	U.S.		WIDOWE		Worcest	er	ATH . MD.
s ofter o		ocomoke City	11. NAME OF (IF NOT IN SUC 11ar t	HOSPITAL, NURSI	NG HOME C TADDRESS) NUT'S 1	ng Home	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE		KIND OF BUSINESS OR USTRY
24 hours	13a S	Maryland Wi	AFOR OTHER INSTITUTION OUNTY COMICO	136. CITY OR TOV	VN	13d. INSIDE CITY LIMITS? YES NO 🔀	Rte #6 Box	534 Na	ylor Mill Rd
P TI	0	Joseph	MIDDLE	Brown tast		Sarah	Jane	Ni	iblett
on ond co	160.	VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YES	. ARMED FORCES? , GIVE WAR OR DATES)	213-74			Carlton WM.	MITT Rd.	1100 0 00 10
requires that the death	ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICA	DUE TO, O		DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON		PART 1(a)
The low con. Ie hos bee sit permit giene prio	CERTIFICATION				TOTERATIO		YES NO	IN CERTIFYING C	AUSES OF DEATH?
ITAL OR ATTENDING PHYSICIAN. by the hospital or attending physician the properties of the principle of the properties of the principle of the	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTHEY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify the (1) (this h sow the Hecce of Olive obove (1) in a (did) (di 22b. SIGNATURE 22d PHYSICIAN'S NAME (T	F DEATH HOUR A INER) P 21e PLACE (AT HOME, ST ospital) attended it e on d not) view the body	.M. MONTH [.M. OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET and that in (my) (cur) opinio DEGREE ATTENDING PHYSICIAN 220. ADDRESS	CITY OR TOV n death accurred on the do	ote and hour and fr	tom the causes stated
TO HOSPITA retained by 1 TO FUNERAL should be de with the Stott	23a.	BURIAL, CREMATION, REMO		23c	NAME OF C	100 8th S	23d. LOCATION	1	1. 21851
BP		Burial	3/30	0/1984	Chari	y Cemetery	Salisbury	-	ce Maryland
OHMH - 16 50M 7/77 (VR A 15 (4))	24 F	INTERAL DIRECTOR	al Home.	P.A. Sal	isbur	y, Md. AF	30 4	Lilia Nainda	

12.3			ZMINO.		
	1	10 mm		ASJ NOTHER	
	Ţ.	28-1 15		ETILIN	3,774, 23
700	'or cas	×		11	rylan'
	ous wit	o o Eu	ell : ursi	er*1 y	ncond o Lity
ox 534 mylor dill Rd.	TE EL nen	x	salisbury	iconico	mryten
of cir.			u	(n)	nigezo
dkins, Son [4.218] or ill 74. elisbury	Carlton in	r. Noute it bo	13-71-2162		Ç.,
		4 4 30 77 1			
a 18.					
			1.3	55.7	
		7.			
100					
o city, id. 21851	t., focomo	100 8th 5		tiono. A	102 . 6. 501
y liconice aryland	Solisbur	ין בר הלרדין	directo	3/33/19	urial

Leaves of the state of the stat

11-	FOR STATE		TH AND MENTAL HYGIEI		
1. DE	REGISTRAR CEASED NAME PE OR PRINT)	obert B. Bilker	LAST LAST	REG. NO. 20. DATE KNOWN DOCMONTH OF ESTI- DEATH MATED 3-/(DAY YEAR 26. HOU 0-84,9 1:3
3. SE)		5. DATE OF BIRTH 6. AGE (IN YEARS IF	UNDER 1 YR. IF UNDER 24 HRS.		DAY YEAR 24 HOU - 1984 2:0
59 FC	OREIGN COUNTRY Chigun	USi1 WIDO	RRIED NEVER MARRIED DWED DIVORCED	9 BALTIMORE CITY OR COUNT Woncester	M
100	ceun City	11. NAME OF HOSPITAL, NURSING HOME, OR C	FOR	SUAL OCCUPATION (TYPE OF WORK R MOST OF WORKING LIFE)	Prishing
	STATE , IST COUNT	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY BETTING BETT	13d. INSIDE CITY LIMITS? 13e. ST. YES NO 60	REET ADDRESS Street	99999
	ATHER'S NAME Robert C. Bil	MIPOLE LAST Ker		CIN	LAST
	WAS DECEASED EVER IN U.S. ARA YES, NO, OR UNKNOWN) (IF YES, GIVE Y	AED FORCES? NAR OR DATES) 16b. SOCIAL SECURITY NO. 279-44-8645	Candice J. Bi	LUker Bethany	Bench, Del. I APPROXIMATE INTERVAL
>	Canditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS		Vent	Inst.
MEDICAL CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY?
CAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR	HOW INJURY OCCURRED (ENTER	R NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	STREET, FACTORY FARM FTC)	LOCATION STREET	CITY OR TOWN COL	UNTY STATE
	22a. I certify that I taak charge	e of the remains described abave, held an Autal al causes, Accident Suicide [M.D. Departy MEI	Inquiry , and in my apetermined manner , DATE SIGNE J. Perlin M. M.	10-3-89
23a.B	(ITPE OR PRINT) URIAL, CREMATION, REMOVAL 23 SPECIEX) (REMILLE OR PRINT)	2 /2 6/	OR CREMATORY 236 L	OCATION YORTOWN COUN	1
24. F	UNERAL DIRECTOR NAME Ullrich Funer	al Home Bealin No	25% DATE REC'D. B		IGNATURE



FOR STATE REGISTRAR	Zip Code 21863
1. DECEASED NAME	FIRST
(TYPE OR PRINT)	OLIVE
3. SEX FEMALE	4 RACE

STATE OF MARYLAND

	1 -	STATE REGISTRAR	2186	3	DEPA	CERTIF	ICATE OF D			REG. NO.			
		CEASED NAME	FIRST	A	AIDDLE	U	A51		20. DATE OF DE	ATH MONTH	DAY YEAR	2b HC	DUR
			OLIVE			DAVI	[S		3-1-	84		5:	:10A _M
	3. SEX	FEMALE		4 RACE WHI	ਧਾਸ	5. DATE O		VEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAY		DER 24 HRS.
		T. I.S. WATTER		VVIII	115		L PAY	YEAR 86	97	YR:			
37	7a. BII	RTHPLACE STATE	E OR FOREIGN	78. CITIZEN OF	WHAT COUNT	RY? 8	NEVER A	AABDIED T	9 BALTIMORE	_			
	A	tarulani	1	45	14	WIDOWE		VORCED	WO:	rcester	County		MD.
30		TY OR TOWN OF	1	11. NAME OF H	OSPITAL, NU	RSING HOME O		ITUTION	12a. USUAL OCC			OF BUSI	NESS OR
1	Be	erlin, Mo	d.	Ber	lin'nu	rsing" Ho	ome		Pratica	/ Nurs	- /	23/1	4
3	USUA 130. S	AL RESIDENCE INSTATE	NURSING HOME OR	OTHER INSTITUTION TY	13c. CITY OR T		13d INSIDE C	ITY LIMITS?	13e. STREET ADD	RESS	18 5%	2/8	63
1	N FA	THER S NAME		AIDDLE	1251		15. MOTHER'S	MAIDEN NAM	AE	IDDis			
50	1	Davi	1	1	etti	4	14	Tary	Eliz	beth	Par	ter	
1		VAS DECEASED E		MED FORCES?	166 SOCIALS	ECURITY NO.	17. INFORMA	NT	-11	ADDRESS		,	1
		NO			215-3	8-2088	Clare	MEER	RIChai	rdsen	Snew	Hil	1.140
		18 CAUSE OF D	EATH (Enter onl	y one cause per	line for (a), (b)), and (c))					APPR	OXIMATE IN	TERVAL ND DEATH
H		PARI I. DEAI	H WAS CAUSED IMMEDIAT	E CAUSE (o)	CV	4 F							
		440	99	DUE TO, OF	R AS A CONSE	QUENCE OF							
		Conditions, if		((b)	11+	700	7						
		gove rise to couse (0), s	toting the	DUE TO, OF	AS A CONSE	OUENCE OF	IT						
		underlying co	ouse last.	(c)	7	en 1	117	n'					
	7	PART 2 OTHER	SIGNIFICANT	ONDITIONS <u>CC</u>	NTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	NAL DISEASE OF	RCONDITION	GIVEN IN PART	No:	
1	CERTIFICATION												
1	ICA	190 DATE OF OP	ERATION	196 CONDI	TION FOR WH	HICH OPERATION	N WAS PERFO	RMED	20a AUTOPS	7? 20b. IF IN CER	YES, WERE FINI	DINGS US ES OF DE	ATH?
	RTIF						T				YES	NO	
1		21a, ACCIDENT WA		216 TIME O		DAY YEAR	21¢ HOW IN	JURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM	1B PART 1 OR PART 2	}	
1	CAI	(IF EITHER NOTIFY	MEDICAL EXAMINER	P./		19							
	MEDICAL	21d. INJURY OCC		21e. PLACE (OF INJURY EET, FACTORY, OFF	FICE, FARM, ETC.)	211. LOCATIO	N	Cf	TY OR TOWN	COUNTY		STATE
		AT WORK	T WORK			100	1 × 2	03	50		84		
		22a I certify the		//.	deceased fro	V11	100 100	19 8 3	to To		. 19 0 /		(we) lost
		above, (I) (w	reased olive an re)(did)(did not		after death.			(our) opinion o	leath occurred or	the date and l			
		226. SIGNATURE			1. 1	0	DEGREE	TTENDING .	MEDICAL -	STAFF	22c. DA	TE SIGNE	VII
-		12	de	- J.	UN F	us "	ロン	PHYSICIAN [DIRECTOR	PHYSICIAN [9.	1	87
1		226 PHYSICIAN	6 PA	n H	0.	KID	3 ADDRES	Bun	St-13	erli	218	11	
-	23a B	URIAL, CREMATI	ON, REMOVAL	23b. DATE	1	23c NAME OF C	EMETERY OF	THE PARTY OF THE P	23d. LOCATIO				
	1	Runis	1	3-4-	1984	What	pot 1	12+6	Sha	OWN H	1/COUNTY >	nula	STATE
	24 FL	INERAL DIRECTO	R			THE COST L	1	250. DATE	REC'D. BY REGI	STRAR 256 REG	ISTRAR'S SIGN	ATURE	
	N	prman	F. DR	nnis 6	10 All	4/1/ 1	111.	MARO	7 1984	Felia Davi	dson-Rand	مالا	

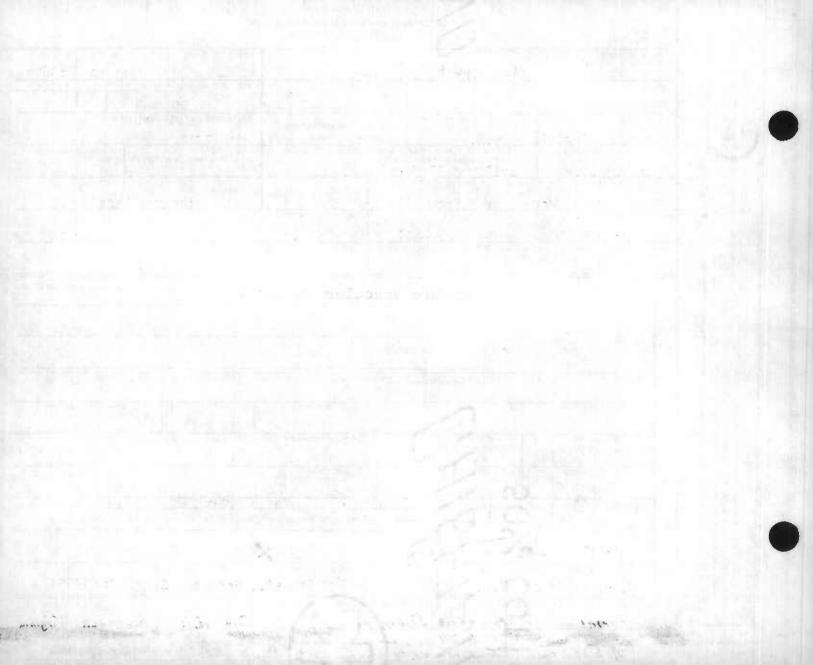
DHMH - 16 50M 4/B2 (VRA 15, 4)

WUT W A printer and the second C 247-18 83 From 84 June Literates up 1 3-1-14 7.6 17 12 16 16 19 18 18 19 16 1 - 1 16 Erin 21811 Parcel - 3 FRE Whiteer very - - mounties thought THE TOTAL STATE OF THE PART OF

_		FOR STATE REGISTRAR			DEPART	STATE OF MENT OF HEALTH CERTIFICAT	AND MENTAL HY		REG. NO.		
	1774	1. DECEASED NAM (TYPE OR PRINT) T.TT.T.TE	E RU		NODLE	DEN	INIS	2a. DATE OF DE	ATH MONTH	22 84	26 HOUR
		3 SEX		4. RACE		5. DATE OF BIRT	H DAY YEAR	6. AGE IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	(A:)	Fema		White	2	5 21	1901	82	YRS		MOOKS MIN.
	126	7a BIRTHPLACE (76 CITIZEN OF	WHAT COUNTRY	8. MARRIED	NEVER MARRIEDX	9. BALTIMORE	CITY OR COUN	TY OF DEATH	
	1 12 12	Marylan		USA		WIDOWED					MD.
5	1 11 800	Berlin	OF DEATH	Rt. 1	HEACHLITY, GIVE STREET BOX 2	ADDRESS St. Berl	Martins	12a. USUAL OC (TYPE OF WORK FO	R MOST OF WORKING		OF BUSINESS OR
2120	1 13 201		(IF NURSING HOME (OR OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	E ADMISSION)	NSIDE CITY LIMITS?	130. STREET AD		218	111
ON	2 18 00	Marvla	_	cester	Berli			Rt. 1.	Box 2	2. Berl	lin. MD
ARYLA	1 12 12	14. FATHER'S NAM		WIDDLE	LAST		OTHER'S MAIDEN N	AME	AIDDLE	LAS	ST
E, X	Pas E	John L	eonard		16b SOCIAL SEC	RO IZ IN	Sa IFORMANT	Elli	ADDRESS	Clay	rille
AOR	e execu	IYES, NO OR UNKN		GIVE WAR OR DATES)			irtie Ay	delotte	77.1. 7	Box 22	2 rvland
W. PRESTON ST., BAL	hat the death certificate by the attending physicic ase remove corban paper. I, cremotion, or removal. other traumatic event, the	Conditions,	if any, which to immediate stating the	DUE TO, OF	AS A CONSEOU	ENCE OF	RATORY	ARRE	TZE		LUMATE INTERVAL ONSET AND DEATH
AL RECORDS, 201	he law requires ton. hos been signed remptire. Then ple ene prior to burio	ATHER 190 DATE OF	OSCUROTU	19b. CONDI	TION FOR WHICH	DISCASE, HOPERATION WAS	S PERFORMED	BRONCEHT 200 AUTOPS	TIS, ADV	YES, WERE FIND IN TIEYING CAUSES YES	NGS USED
DIVISION OF VITAL	DING PHYSICIAN: TI or ottending physicia After this certificate e as the buriol-transi oth and Mental Hygi morked or them 18 sfi	OR CONTRIBUT	WAS UNDERLYING THE CAUSE OF D OTHEY MEDICAL EXAMIN OCCURRED NOT WHILE AT WORK	P./ 21e PLACE (м. мо <u>мін. г</u> м.	19 211. I	OCATION STREET		E OF INJURY IN ITEM 1	COUNTY	STATE
ā	OR ATTENION to hospital DIRECTOR: oched for us Dept. of Hem 21 is	22a.1 certify	that (1) this hos	pital) attended the		3 2 DEGRE	-	₩ MEDICAL	STAFF		
	TO HOSPITAL etoined by th TO FUNERAL should be det with the Stote	PAU	AN'S NAME (TYPE	SCOTT	M.D.	2	ADDRESS A BROAL	DIRECTOR L		(N, MD	2(811
	BP	Burial, CREA	1	3/25/			n Cemete	23d. LOCATION CHYOR	in Wo	COUNTY rcester	STATE MD.
	OHMH - 16 50M 4/82 (VRA 15, 4)	Anna A	• Burba	age los		ams St.	MAR'S	ATE REC'D. BY REG	ISTRAR 256. REGI	ISTRAR S SIGNAT	TURE

	SERVICE S	HT	AF a second
	feet is		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		med like	Las Pers
		100 (1.00	
Later Asset, E.	. and Experience of the contract of the contra	iro imiator	at the frent
althorace moter	BROW ALL	1,000 TO	Carbot miet
Herita da La Arteria	o sectioning Avenue	2.15	
KREST TEERN	A VASTABITEDAD	ALCO A CARGOS	
		. 4	
JANA POSLINICA ZIRINA		Provide the State of	10000
Just Contract 25 trees	100 A THE THE T	geometric strips of	
, was continued and the		posalos Epp. M	
, unit pour viet "20 min		geowani wilipia di	
, San Contract 20 and		povato de po	
		govonii veli pyz "oli	
			A LUAL
\$\\.^*			

		STATE OF MARYLAND	00/11	
POR STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	
REGISTRAR	ST MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 126 HOLLR
I. DECEASED NAME FIR: (TYPE OR PRINT)	A4 1	(ASI	20. DATE OF DEATH MONTH	20 110011
Anni		Fluharty	03 2	3 84 5:35 p
3. SEX	4 RACE	S. DATE OF BYRTH MONTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS
Female	Caucasian	03 04 1894	90 YRS.	
70. BIRTHPLACE (STATE OR FOREIG	76. CITIZEN OF WHAT COUNT	RY? 8.	9 BALTIMORE CITY OR COUNTY	OF DEATH
Horntown Virgi	nia U.S.	WIDOWED DIVORCED	Worcester	MI
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OF
Pocomoke City	Hartley Hall		THE OF MORK TOR MOUTON IN CHILL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
USUAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)	13e. STREET ADDRESS	nKI
Maryland	Worcester Snow		202 Colbourne	Lane dillo
14 FATHER'S NAME		IS. MOTHER'S MAIDEN NA	ME	
30 John	Marsh	nall Sadie	WIDDIE	Bundick
160 WAS DECEASED EVER IN U			ADDRESS	Dullatek
0	YES, GIVE WAR OR DATES)	2202		
NO L	231-46-			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS C	TAUSED BY: Cerebr	o Vascular Accid	ent	BETWEEN ONSET AND DEATH
	AEDIATE CAUSE (0)			
1300	DUE TO, OR AS A CONSE	OUENCE OF		
Canditions, if any, whi	ate			
couse (a), stating t	he DUE TO, OR AS A CONSE	OUENCE OF		
	((c)			
PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	EN IN PART Ita
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYS	100 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
1 5 NO DATE OF OFERATION	198 CONDITION TOR WIT	THE TENANTON WAS TEN ONNED	IN CERTIF	YING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYS	NG 7 216. TIME OF INJURY	Tab HOW INTERVOCATION	YES NO YES	NO [
OR CONTRIBUTING CAUSE		DAY YEAR	LENIER NATURE OF INJURY IN ITEM 18 P	ARTHUR DEPART ()
I F EITHER NOTIFY MEDICALEX		19		
AND MANUAL DESCRIPTION	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
21d INJURY OCCURRED	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC) STREET		37.1.2
21d INJURY OCCURRED WHILE NOT WHILE [AT WORK AT WORK		nce, ranm, erc j		0.8
21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this	haspital) attended the deceased fro	January 21 19 75	to March 23	19.84 , that (I) (we) la:
21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220-1 certify that (1) (this sow the deceased at when the deceased at which the deceased at the dec	haspital) attended the deceased fro	om January 21 19 75 9 84 , and that in (my) (our) apinion	to March 23	19 <u>84</u> , that (I) (we) last and from the couses stated
21d INJURY OCCURRED WHILE INDIVINE AT WORK 220.1 certify that (11) (this sow the deceased at it (we) (did) (22b. \$1.00 ATUPE	haspital) attended the deceased fro	om January 21 19 /5 9 84 and that in (my) (our) apinion DEGREE	to March 23 deoth accurred an the dote and hour	1984 , that (I) (we) las
21d INJURY OCCURRED WHILE WHILE AT WORK 220.1 certify that (1) (this sow the deceased at the control of the c	haspital) attended the deceased fro	om January 21 19 /5 9 84 and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	to March 23	19 <u>84</u> , that (I) (we) last and from the couses stated
220. I certify that (1) (this sow the deceased all (we) (did) (haspital attended the deceased from the control of	am January 21 19 /5 9 84 and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	to March 23 death accurred an the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN	no 84 , that (I) (we) last and from the couses stated
210. INJURY OCCURRED WHITE NOT WHITE AT WORK 220.1 certify that (1) (this sow the deceased at the fill (we) (did) (haspital attended the deceased from the control of	am January 21 19 /5 9 84 and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	to March 23 deoth accurred an the dote and hour	no 84 , that (I) (we) last and from the couses stated 22c. DATE SIGNED
220. I certify that (1) (this sow the deceased at (we) (did) (22b. S. ATUFE 224 PHYSICIAN'S NAME J. G. San 230. BURIAL, CREMATION, REM	hospital attended the deceased from March 20 and did not view the body after death (ITPE OR PRINT)	am January 21 19 /5 9 84 and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	to March 23 death accurred an the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN C., Pocomoke City,	no 84 , that (I) (we) last and from the couses stated 22c. DATE SIGNED
22d PHYSICIAN'S NAME 22d PHYSICIAN'S NAME J. G. Sant	hospital attended the deceased from March 20 and did not wise the body after death (TYPE OR PRINT) tiano, M.D. OVAL 23b. DATE 25 March 1984	DEGREE ATTENDING PHYSICIAN 220 ADDRESS 100 8th st	to March 23 death accurred an the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN □ , Pocomoke City, 23d. LOCATION CITY OR TOWN	no 84 , that (I) (we) last and from the couses stated 22c. DATE SIGNED
220. I certify that (1) (this sow the deceased of the control of t	hospital attended the deceased from March 20 and did not view the body after death (ITPE OR PRINT)	DEGREE ATTENDING PHYSICIAN 220 ADDRESS 100 8th st	to March 23 death accurred an the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN □ , Pocomoke City, 23d. LOCATION CITY OR TOWN	, that (I) (we) last and from the couses stated 22c. DATE SIGNED MD 21851 COUNTY STATE COMACK VIRGINIA



1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2	
1.0	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. ECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 2b. H
	REORPRINTI Robert Lee FRICHell. DEATH MATED & 3	3 1,84 60
3. SI	MONTH DAY YEAR UST BIRTHDAY) MONTHS DAYS HOURS MIN PRONCLINCED	DAY YEAR 2d. H
7 a	BIRTHPLACE (STATE OR 17). CITIZEN OF WHAT COUNTRY? 18 - 9. BALTIMORE CITY OR COUNTRY?	TY OF DEATH
10	INJENOUN USA- WIDOWED & DIVORCED [Woncesta	er Co.
B	ECLIN - PINES 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) LOCK SUITH.	12b. KIND OF BUSINES OR INDUSTRY
USU 13a	IAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 13by COUNTY 13c STREET ADDRESS 13d INSIDE (ITY LIMITS) 13d. INSIDE (ITY LIMITS) 13d. INSIDE (ITY LIMITS)	21811
14	MD. Worsester Senin YES NO & 3692 OCEAN	PINES
	Willis annihall-Fridell Sille fee Hol	LAST LI-L R
léa.	WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) TO DELIVER & CLUBIC TO BC + BC + BS	Card
-	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c), 3 -606 X	APPROXIMATE INTERV
	PARTIDEATH WAS CAUSED BY: /// PMMEDIATE CAUSE (a) PROB = A CU. TE M. +	BETWEEN ONSET AND DE
	Canditions, if any, which	
	gave rise ta immediate cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
	(c) PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).	
NOI	UNKNOWN.	
CERTIFICATION	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	21d. EXTERNAL CAUSE WAS 21b. TIME OF INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	YES NO
MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 121f, LOCATION	
ME	WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET STREET CITY OR TOWN CO	UNITY STA
	22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my ap	pinian
1	death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner ,	
1	ACTUAL SIGNATURE Jedenics J. Anthes. M.D. MEDICAL EXAMINER SIGNATURE	3-4-84
	EXAMINER'S NAME F. G. Arther MO ADDRESS & BAN St. BIR	1111-218
/3a.	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	NTY, STATE
24.	Burial 3-7-84 Central Cemetry New Market Fre	diriete M
1	Thomas Il thinks sounds	n-Adridables

TOTAL PROPERTY OF THE PROPERTY and the state of t all the said the said of the s The state of the s Salar British and a salar of the salar and the salar salar 1300 the way and the I chave I Proper than F. E. A to they made . . . I famout for the will the China China

(VRA 15, 4)

STATE OF MARYLAND

bantiol and continued bantiol 101111 green Lines M. Lushy Ocean Olty, Md. Crommtion :/21/84 Poliniva Crommtory Lewes, Susser - 4. Apprilmone Pipple at Sycaine, No.

00

MPORTANT

	STA
OR	DEPARTMENT O
TATE	CERT
EGISTRAR	CLIVI

ATE OF MARYLAND F HEALTH AND MENTAL HYGIENE

IFICATE OF DEATH REG. NO DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH 25 HOUR TYPE OF PRINTI ORVILLE LA CURTS. SR. March 14 1 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IE LINIDER DE MOS 1918 66 male white Jan. BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Worcester Maryland WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS ON THE STATE OF THE ST (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! retired Salesman Bros. 819 Second Street Pocomoke 135 COUNTY 13r CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Second Street 819 Pocomoke Worcester NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Stella William Moore LaCurts 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADD Sig Second Street 212-16-1409 Barbara L. Hickman Pocomoke City, Md. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY-Carcinoma of the Liver with IMMEDIATE CAUSE (0) Generalized metastasis Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY OFFICE EARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from_ 9 84 saw the deceased alive on 3-14-obave, (I) (we) (did) (did not) view the body after death (aur) opinion death occurred on the date and hour and from the causes stated 22b SIGNATURE DEGREE ATTENDING MEDICAL G. Santiano, M.D. DIRECTOR PHYSICIAN PHYSICIAN 22e. ADDRES Pocomoke 100 23s BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 73b DATE 23d LOCATION chierocares Burial rst Baptist Cem. Pocomoke Worcester Md

DHMH - 16 50M 1/81 (VRA 15, 4)

Pocomoke City, Md.

9 1984 Julia Davidson

ASC1 ,41 moun4	eren, ere	74. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		
voinsarow				
retired Selening from	i danta	Broost els	v encappe I	
Plo Record Street				
Inamia honne Gl		, straight in	may 1.67)	
on with element and ohe				
to de la main	tavi of Co	amos route		
	marked on bear			
the state of	1	+8 +4.4-6		
Heretic To		Saula (males		
it., Poporoka dily, 1d.				
19 884 destates and an analysis and a	DANA	sti (194) Menceo I (1948)		

7 1	FOR		STATE OF MARYLAND OF HEALTH AND MENTA	L HYGIENE	and and
	STATE REGISTRAR		AINER'S CERTIFICATE	OF DEATH REG.	NO.
	PECEASED NAME FIRST MARGINE PROTECTION (1996)		Lewis	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 25. HOUR 3-29 1984 11:35M
1.5	Emale White	9-30-05 7	(IN YEARS IF UNDER 1 YR. IF UND BIRTHDAY) MONTHS DAYS HOURS YRS.	DEAD	3 -29 1984 1P M
310	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?		DRCED WO	reester MD.
4	Snow Hill	11. NAME OF HOSPITAL, NURSING HE (IF NOT IN SUCH FACILITY, GIVE STREET ADD	0X 1/3 L	120. USUAL OCCUPATION (FOR MOST OF WORKING LIFE) HOME m 3	OR INDUSTRY
130	STATE 13b COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ALL TY 135 CITY OR TO CESTER Show	13d. INSIDE CITY LIMITS	RT2-BOX 113	12 / 21863
1	FATHER'S NAME FRST	MIDDLE Hancoch	15. MOTHER'S MA	argaret MIDDLE	Unknown
160	(YES, NO, OR PRINOWN) (#FYES, GIVE	WED FORCES? WAR OR DATES) 220/4	0803 Lloyd	T. Lewis S	now Hill, Md.
1	PART I DEATH WAS CAUSED	TE CAUSE (o)	EDIAL WEAR	CTION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AND MENTAL HYGIEI ATION, OR REMOVAL	Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	(b) ASC V DUE TO, OR AS A CONSEQUE)		SEV. YEAR
NO		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	IE TERMINAL DISEASE OR CONDITION GIVEN)	N PART 1 (6)	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20. AUTOPSY? YES NO NO
		21b. TIME OF INJURY HOUR A.M. MONTH DAY DEATH P.M.	YEAR	RRED LENTER NATURE OF INJURY IN ITEM	
MEDICAL	21d INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)	ME. 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
MARYLAND, 2	22a I certify that I taak charg	ge of the remains described above, held ral causes , Accident , Accident ,	On Autopsy , Inspe	Inquiry , Inquir	ond in my opinion DATE SIGNET 39-39-39-39-39-39-39-39-39-39-39-39-39-3
	EXAMINER'S NAME OZ	TOTHY C. HOLZ	WEETTH ADDRESS SO	-	To SHOW HILL M'S
230	BURIAL CREMATION, REMOVAL 2	136. DATE 236. NAME C		23d LOCATION CITY OF TOWN	Mary and
	FUNERAL DIRECTOR			TE REC'D. BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE

Margie E. Kennis Start & Market Vi 11900 - 1250 Shedrell . - The & - BOX 1/34 HEAR WARD HOLD The mile West State Sheet Mile & The Miles Labbers William Manager Minner Hattaren also is the set the state of the second William Stranger to Dear to Same the All the winds and

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO).			
		EASED NAME OR MINT)	CLAI		ILLAN	1	May 5	2	o. DATE OF DEATH	S 19		26. HOUR 9 10 M	
75		FEMALE STATE OR FO		4 RACE BLAGE	41 44	5. DATE C	DAY YEA	AR 10	AGE (IN YEARS LAST BIRTH	DAY] III	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
2	CC	MJ.		US		WIDOWE				Worce.	STER	MD.	
7	/	SNOW HIL	.2	(IF NOT IN SUC	SON HOU.	SE /	NURSING 16	. 6	20. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	ESTIC	
5	13a S	AL RESIDENCE (IF NURS TATE	136 GOU	OTHER INSTITUTION. NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW SNOW	N,	13d. INSIDE CITY LIM YES NO		3e. STREET ADDRESS	Dign	YTON A	1E. 21863	
Á		ALbert		MIDDLE	Allen		15. MOTHER'S MAIDE FIRST	EN NAME	MIDDLE		DENA	115	
		/AS DECEASED EVER es, noor unknown)		MED FORCES? EWAR OR DATES)	166 SOCIAL SECU	RITY NO.	THELMA STU	IRGIS	ADDRE	55			
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:									BETWEEN ONSET AND DEATH		
Seal Property		Canditians, if any, gave rise to imm cause (a), statin underlying cause	which nediate ig the	(b)	R AS A CONSEQUE	40					MANY	YEARS	
	NOI	PART 2 OTHER SIGN	-	THE PERSON	EBITTS	CEE		ie termin	IAL DISEASE OR CONE	ITION GIVE	N IN PART 1	a)	
7	TIFICAT	190 DATE OF OPERATION 196 COND			ITION FOR WHICH OPERATION WAS PERFORMED				206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO				
1	CAL CER	210 ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DE	HOUR A.	M. MONTH D.	AY YEAR	21c HOW INJURY C	DCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PAI	RT 1 OR PART 2)		
	MEDIC	WHILE NOT WE AT WORK		21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.]	211 LOCATION STREET		N	COUNTY STATE			
		220.1 certify that (I) (thus heapted) attended the deceased fram 2-17, 19 14, ta 3-14, 19 14, that (I) (we) last saw the deceased alive an 3-12, 19 19, and that in (my) (see) opinion death accurred on the date and hour and from the causes stated above. (I) (we) (did) (did see) view the bady after death.											
1		22b. SIGNATU	1 1	Helian	H	11.		OING	MEDICAL STAF	F IAN 🗌	22c. DATE	SIGNED	
		Do ROTH			WOR TH		309 7	Timmon	its St. Sk	OW HIL	y Mo.	21863	
		SPECIFICATION, SPECIFICAL	REMOVAL	3/17/1	A A .		BAPTIST	CEM.	SHOW HILL	. Word	cester	Md.	
		INERAL DIRECTOR	DITIAL	L Chape	L ADDRESS +	2 Je1 45 B4	sey ica.	So. DATE R	A TAY TATATA	1 A. W		TURE Pandall	

DHMH - 16 50M 7/77 (VR A 15 (4))

WPORTANT # B

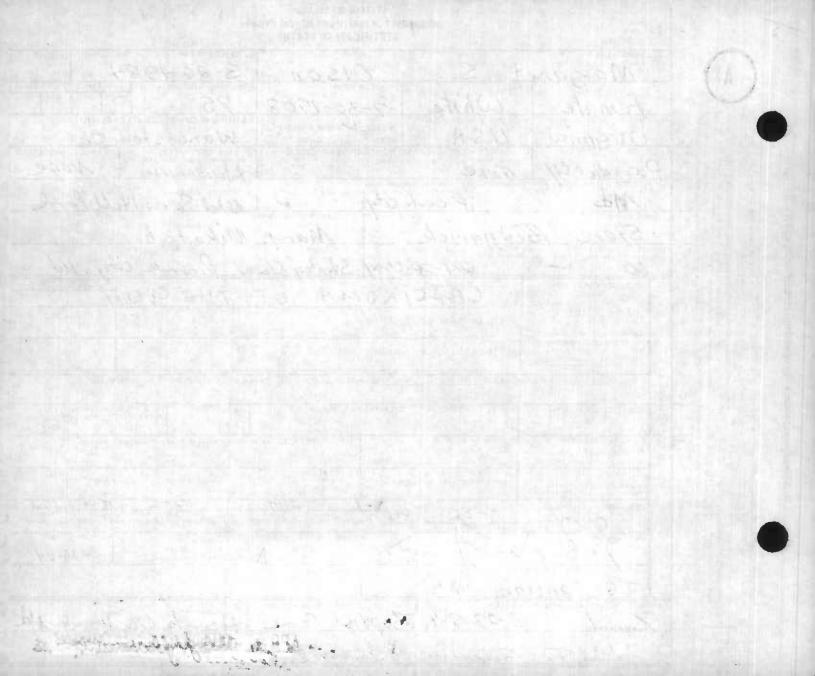
		NO.	
30 31 41 1503			100 4.3
			440 E 30
	2000	Allen	4/2/10
	THE WALL		~ =

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO MONTH 2b HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS OAYS HOURS MONTHS BALTIMORE CITY OR COUNTY OF DEATH 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY sewi LAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE , and that in (my) (our) opinion death accurred an the date and haur and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN ADDRESS

BP. DHMH - 16 50M 7/77 (VRA 15 (4))

24 FUNERAL DIRECTOR

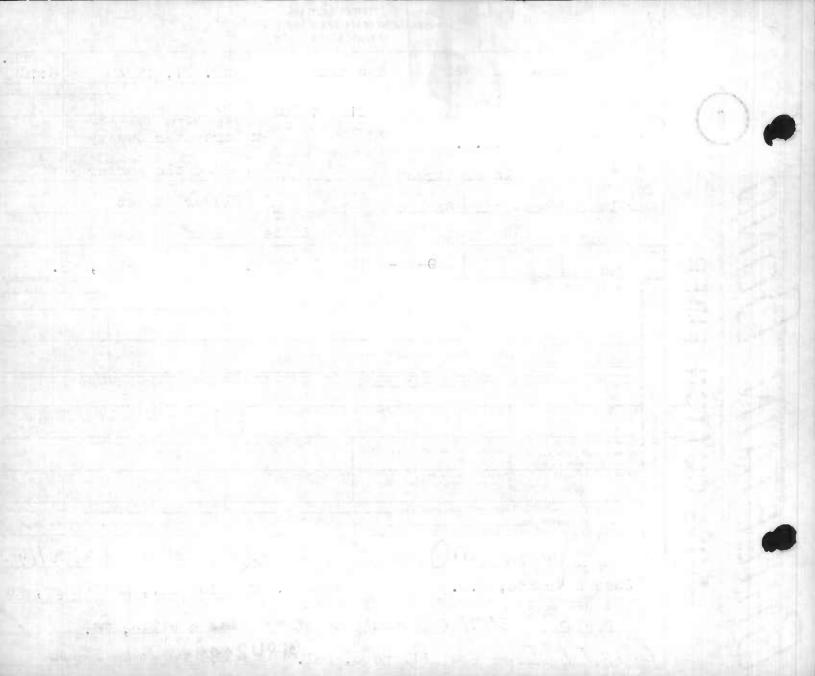


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN X MONTH I. DECEASED NAME (TYPE OR PRINT) OF ESTI-DEATH MATED Joseph Edward Rappaport 19 6 AGE (IN YEARS IF UNDER 1 YR. 24 HOUR 5. DATE OF BIRTH IF UNDER 24 HRS DATE ST BIRTHD AY PRONOUNCED White 10 98 85 Male DEAD 9 A M YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Russia WIDOWED [DIVORCED WORCESTER ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Ocean City, Retired Bar Berlin Owner SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Mary Land St. E 126 Ocean City Montego Bay, Ocean Worcester 13d. INSIDE CITY LIMITS? Md NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE RAPPAPORT FIRST REBECCA MENDET. 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION Berlin, MD (YES, NO, OR UNKNOWN) 191 16 3739 Ocean Pines Police Dept. No 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMITHEALTH AND MENTAL HYGIENE, I., CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY MMENINE IMMEDIATE CAUSE (a) WFARCTION DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION USED AS 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ₹<u>₹</u>₽, YES NO L S SHOULE DEPARTMENT 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 21201 WHILE NOT WHILE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. VPAGE 4 SHOULD BE FORW TO FUNKAL DIRECTOR: PATER DEATH, WITH THE ST. BALFIMORE, MARYLAND, 2 22s I certify that I taak charge of the remains described obaye, held an Inspection ond in my opinion Hamicide Undetermined manner death resulted fram: Natural couses TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION STATE Burial Sunset Memorial BP 1 Berlin Worcester
250. DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE MD 24 FUNERAL DIRECTOR 108 AD Williams St. DHMH - 17 to Davidson Randalle Anna A. Burbage (VR A15 ME (5) Berlin. MD 20M 4/B2

From the R. D. Branchill ... do not EVY MOST CONTRACT OF USA CONTRACT CONTR the contract of the contract o tight adding sele named start billing

TO ACTIVE TO Commission of the second secon Braye I Sheetler Law E Torrace 25 25 45 Let of Hellow Isson Course Legister

2	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND IEALTH AND MENTAL HYO ICATE OF DEATH	NENE 8	5 0	
		CEASED NAME FIRST	MIDDE	E		AST		MONTH DAY YEAR	26. HOURPIN
ay be age 3 death	(ITPE	Anna	Mae		Sho	well	Mar. 21,	1984	6:10 P
you of	3. SE		4. RACE		5 DATE C		6. AGE (IN YEARS LAST BI		
1	1	female	black		4/2	1 1920	63	YRS.	YS HOURS MIN
	C	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED		or County of DEATH	
1 11 17	10 C	irginia ITY OR TOWN OF DEATH Berlin	(IF NOT IN SUCH FAC	ILITY, GIVE STREET	G HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 126 KINE	MD. O OF BUSINESS OR RY
D 2120	130 5	AL RESIDENCE (IF NURSING HOME OF	VTY 13c.	RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	Flower S		2/8//
within 2 within 2 all 2 shows		THER'S NAME	ester F	Berlin LAST		YES NO WATER'S MAIDEN NA Wiffishie			LAST
d comp	160 V	GEORGE WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN 1 (1) YES, GIV	MED FORCES? 16b	SOCIAL SECU		17. INFORMANT	ADDR		
IIMORE be exected on and an	,	no or unknown (# 4ES, GIV	e war or dates 2	22 9- 26	-087	William S	. Nock	Berlin,	
NG PHYSICIAN: The law requires that the death certificate be executed within 2 terminating physician. The law requires that the death certificate be executed within 2 terminated physician. There has certificate has been signed by the otherding physician and completely filled in the strength permit. Then please remove corbanpapers. Pages Tand 2 should have death when the Mygiene prior to buriol, cremation, or removal. The death of them 18 shows any injury, or other troumatic event, the medical examines may be a strength of the medical examines of the death of th	NO	18. CAUSE OF DEATH lEnter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if dny, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (D BY: IE CAUSE (0) DUE TO, OR AS (b) DUE TO, OR AS	A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	NNAL DISEASE OR CON		OXIMATE INTERVAL EN ONSET AND DEATH
AL RECOI	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	N FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS	
SION OF VITAL R PHYSICIAN: The is ending physician. This certificate has build-transit pe do Mental Hygiwesed or them 18 shows		21 B. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	URY IN ITEM 18, PART 1 OR PART :	2)
DIVISION C ING PHYSIC r offending after this cer as the burio as the burio ith and Ment	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF IN (AT HOME, STREET, F.		ARM, ETC.	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
To A Se A		22a.l certify that (I) (this hospi		ceosed from_		. 19	, to	. 19	, that (I) (we) last
R ATTEND hospital of the state		saw the deceased alive an above, (1) (we) (did) (did no	t) view the body ofter	r deoth.		nd that in (my) (our) opinion	death occurred on the c	date and hour and from t	he couses stated
ook be		22b. SIGNATURE	no m	0		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF 3	TE SIGNED
TO HOSPITAL retained by the TO FUNERAL I should be detained the State I with the State I MMORTANT: If		Joseph Gras	so, M.D.			1300 S. D.	ivision S	t., Salisl	oury, Md
∑ 5 F ≥ 2 ₹ 4	23o. E	BURIAL, CREMATION, REMOVAL SPECIFY)				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	24 5	Burial	3/27/8	4 Cu	rtis	s Cemetery	Bishopy		
DHMH-16-60M-1/73 (VR A 15-(4))	1	NAGE TO Wat	مر	ADDRESS Mills	boro	WED!	2 1984 July	256 REGISTRAR'S SIGN	0 -3



1	1-	FOR STATE REGISTRAR		PARTMENT OF H	E OF MARTLAND EALTH AND MENT, ER'S CERTIFICAT		REG. NO.	
新華和 斯里		CEASED NAME FIRS		-Geral	l L. Thomp	20. DATE K OF DEATH /	NOWN MONTH	DAY YEAR 26. HOUR 1984 11 A
Operation of the state of the s	1	M. B	5 DATE OF BIRTH MONTH DAY Feb. 18/	year 6. AGE (IN YEAR LAST BIRTHDAY	RS IF UNDER 1 YR. IF UNDER 1 YR. HOU	NDER 24 HRS. 2c. DATE PRONOUNCE DEAD	MARA 2	4 19 84 11 M
	B	DELAWATE ITY OR TOWN OF DEATH	U.S.A.	-	MARRIED NEVER N WIDOWED DIN	AARRIED LX	recity or county	MD.
DELAY OF PAGE	Bi	shopville	Route 1	13		FOR MOST OF WORKI	catcher	OR INDUSTRY
F ANY 2, AND 3, WITA SHOULE	130. S De	STATE NO CO	OUNTY	136. CITY OR TOWN Millsbord	YES NO	Rt. 2 Bo	ox 21A	99999
ORE, MD SR DEATH AGES 1. OPEN PM	160	Samuel WAS DECEASED EVER IN U.S	ARMED FORCES?	ompson Ja		belle		pmpson
BATTIM URS AFTE B. GNE P WITH F. PAGES DIVISION		18 CAUSE OF DEATH (Ente	GIVE WAR OR DATES)	221-56-86	549 Samua	1 Thompson	Jr. Mil	Lsboro De
STON ST. N 24 HO N IEM 1 N GONG WGENE.	1-	8/77	DIATE CAUSE (o) DUE TO, OR A	horle -	asphix.		Neok	
OT W, PREST UTED WITHIN N PENCIL IN EXAMINES J INL'TRANSIT N MENTAL HY OR REMOVA	1	Conditions, if any, w gave rise to immed cause (o) stating the <u>un</u> lying cause last.	iate (b)	S A CONSEQUENCE O	yeci d	ent	',w + LAR	·~ Y
ITAL RECORDS, 301 SHOULD BE EXECUT NB. "PENDING" IN CHIEF MEDICAL EN COF HEALTH AND MALCEMATION, OF	NO	PART 2 OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	IAL DISEASE OR CONDITION GIVEN	IN PART I (a).		
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXERNINGS RITHOG THE WORDS "SENDINGS" RED TO THE CHIEF MEDICAL RED SHOULD BE USED AS A BE E DEFRARMENT OF HEALTH AN PRIOR TO BURNAL, CREMATION	CERTIFICATION	190 DATE OF OPERATION			TION WAS PERFORMED?			20 AUTOPSY?
CERTIFICATE SH TITING THE WOR DED TO THE C 3 3 SHOULD BE DEPARTMENT OF PRIOR TO BURGH	MEDICAL CE	210. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 214. INJURY OCCURRED			21c. HOW INJURY OCC	Accient	RY INJITEM 18 PART 1 OR PART	2)
TATA A	MED	WHILE NOT WHILE AT WORK AT WORK	4		Note 113	Bishup	. //	icnes, fate
IOR FOR	3		harge of the remains descri	bed abave, held an accident , Suic	ide	Undetermined man	, and in my apin	nion
ICAL EX. THE CER SHOULD ERAL DIRE EATH, WR		ACTUAL FECT	m J. Cen	the MD	M.D. DIPUL	MEDICAL EXAMI	DATE NER SIGNED	3-24-84
TO MEDICAL EXAM FEXECUTE THE CRETTE PAGE 4 SHOULD BE AFTER DEATH WITH BALLIMORE, MARYLE	23 o. E	(TYPE OR PRINT)	AL 23b. DATE	231. NAME OF CEM	ADDRESSETERY OR CREMATORY	BM 1 F	Berlin	11/2/2/11
DHMH - 17 (VR A15 ME (5))	100	Burial UNERAL DIRECTOR NAME	3/30/84 ADDRESS		eld Cem.	Millsho TERECO WAS ISTRAR	COUNT PO Dela: 25b. REGISTRAR'S SIC	ware
30M 7/73	1/1	echand 1. W	alson I.	lillsboro	, Del.	201001	An wind about No	MANAGEMENT

de la constantina della consta But to play Town Beet Throwing The Know of THE STREET AND THE WAR AND THE STREET reducing the this to a man William of Locker William STATE OF THE STATE

4 moy be

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CEKTIF	ICATE OF DEATH		REG. NO				
	CEASED NAME	FIRST	A	MIDDLE		AST	2a DATE OF	DEATH W	HINO	DAY	YEAR	2b. HOUR
,,,,,		ALMA			l	lan		44	3	10	84	7-
3. SEX	FEMALE	4 R	BLAC	K -	5. DATE C		6. AGE (IN YE	ARS LAST BIRTH	DAY) YRS.	MON THE	DER I YEAR	HOURS M
	IRTHPLACE (STATE OR FOODWIRY)	DREIGN 7b (CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D	9 BALTIMO	1:1	COUNT			
10 CI	SNOW HILL			HOSPITAL, NURSING HEACHTY, GIVE STREET	ADDRESS)	SING HOME	TYPE OF WORK		WORKING		b. KIND O IDUSTRY	F BUSINESS
13a. S	AL RESIDENCE (IF NURS STATE MD	III COUNTY	ER INSTITUTION,	13c. CITY OR TOW	/N	13d. INSIDE CITY LIMITS? YES NO []	13e. STREET /		16	st.	2	1801
	FRANK	MIDDI	26.5	Duke	n	15. MOTHER'S MAIDEN NA		MIDDLE			Duk	ER
	WAS DECEASED EVER YES, NO OSUNKNOWN)	IN U.S. ARMED (IF YES, GIVE WAR		2/5-18-		MARGARET	TRACE	ADDRES	12 L	a KE	st.	SA 1.5. MD MATE INTERVA
	gove rise to imm		DUE TO OF	R AS A CONSEQUI	ENCE OF		178-14				Januar	YEARS
CATION	couse (0), statin underlying couse	lost ((c) NDITIONS <u>CC</u>		DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASI		20b. IF Y	ES, WEI	PART 1(c	NGS USED
CERTIFICATION	PART 2 OTHER SIGN 198 DATE OF OPERAL 210. ACCIDENT WAS UND	Ig the lost VIFICANT CON	(c)	DNTRIBUTING TO I	DEATH BUT		20a AUTC	PSY?	206. IF Y	ES, WEI	PART 100 RE FINDIN CAUSES	5 1
MEDICAL CERTIFICATION	COUSE (0), stoting underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210, ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTHY MEDIC.) 21d. INJURY OCCURR	g the lost (19b CONDI 21b, TIME O HOUR A.I 21e PLACE (DNTRIBUTING TO I	DEATH BUT OPERATIO AY YEAR 19	N WAS PERFORMED	20a AUTC	PSY?	206. IF Y IN CERT	ES, WEI TIFYING YES B, PART I C	PART 100 RE FINDIN CAUSES	NGS USED OF DEATH?
	PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING OF CONTRIBUTING O	g the lost (NIFICANT CON TION TION TAUSE OF DEATH AL EXAMINER) RED HILE ((Muc hospitel) ed olive on	19b. CONDI 19b. CONDI 21b. TIME O HOUR A./ P./ 21e PLACE ([AT HOME, STR ottended the	ONTRIBUTING TO I	OPERATION AY YEAR 19 FARM ETC.)	21c. HOW INJURY OCCUR 21) LOCATION STREET 19 10 4 that in (my) (**) opinion	200 AUTO YES RED (ENTER NA.	DPSY? NO TURE OF INJURY CITY OR TOWN	206. IF Y IN CERT,	CCC	PART 1(c) RE FINDIN CAUSES PRART 2) DUNTY from the	NGS USED OF DEATH? NO STATE that (I) (we)
	COUSE 10), stotin underlying couse PART 2 OTHER SIGN 198 DATE OF OPERAL 218, ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTHY MEDIC.) 21d, IN JURY OCCURE WHILE NOTW AT WORK NOT WAT OR OTHER SOW the decesses	g the lost NIFICANT CON TION TION TAUSE OF DEATH AL EXAMINER) RED (this bospital) ed alive on did) (did met) via	19b. CONDI 19b. CONDI 21b. TIME O HOUR A.I P.I. 21e PLACE of fat HOME, STR ottended the 3 ew the body.	ONTRIBUTING TO I	OPERATION AY YEAR 19 FARM ETC.)	216. HOW INJURY OCCUR	200 AUTO YES RED (ENTER NA.	DPSY? NO D TURE OF INJURY CITY OR TOWN d on the dot	20b. IF Y IN CERT	CCC	PART 1(c RE FINDING CAUSES DR PART 2) DUNTY from the	NGS USED OF DEATH? NO STATE that (I) (we)
WEDICAL ASSOCIATION OF THE PROPERTY OF THE PRO	COUSE (0), stoting underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UNDO OR CONTRIBUTING (IF EITHER, NOTHY MEDIC.) 21d. IN JURY OCCURE WHILE NOTWAT WORK NOT WAT WORK NOT WAT WORK 220.1 certify that (1) SOW the decease obove, (1) is a 10. 220.5 SIGNATURE	g the lost NIFICANT CON TION DERLYING CAUSE OF DEATH AL EXAMINER) RED HILE (Nuc hospital) and olive on did) (And mai) vice AME (TYPE OR PRIM	19b. CONDI 19b. CONDI 21b. TIME O HOUR A.I P.I. 21e PLACE of fat HOME, STR ottended the 3 ew the body.	DITRIBUTING TO I	OPERATION AY YEAR 19 FARM, ETC.)	21) LOCATION 21) LOCATION STREET and that in (my) (***) opinion DEGREE ATTENDING PHYSICIAN	200 AUTO YES RED (ENTER NA death accurre MEDICAL DIRECTOR 1236 LOCA	NO DESTRUCTION OF TOWN OF THE OF INJURY OF TOWN OF TOWN OF THE OF	20b. IF Y IN CERT	CCC	PART 1(c) RE FINDING CAUSES DR PART 2) DUNTY from the 27c. DATE	STATE

DHMH-16 50M 7/77 (VR A 15 (4))

BP.

April 10 courses a particular and a series a Fig. of Prof. His white 15 team towards of costario

2xl	19		FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		ဒ် ဒိ	
10	/	1 DEC	EASED NAME FIRST	MIDDLE	T.	AST	REG. NO	MONTH DAY YEAR	26 HOUR
X	1 p 2 p 2		DR. JOHN	FRANC	IS WA	RREN	3/6/84		2:00 M
1	peg	3. SEX	DR. SOMN	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		R IF UNDER 24 HRS
	4 96 9	N/17	ALE	CAUCASIAN	MONTH	ZG OF	7 76	YRS. DAYS	HOURS MIN.
-0	Pog #	76. BIR	THPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8	NEVER MARRIED	- 9 BALTISAORE CITY O	R COUNTY OF DEATH	
	the 15 45 4	M	ARYLAND	U.S.A.	WIDOWE			exer	MD.
	er de	10. CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME C	R OTHER INSTITUTION	1 120. USUAL OCCUPATI	ON 12b. KIND	OF BUSINESS OR
-5	s of		ERLIN	Lime Kiln Fa		113	Medical D	octor Me	dicine
ND 212	24 hour	USUA 130. S1	L RESIDENSTITUTES INC. CONTROL OF THE PROPERTY	NTY 13c. CITY OF BETL		13d. INSIDE CITY LIMIT	S? 130. STREET ADDRESS P.O. BOX	Lime Kiln F 108, Berl	arm Rt 113
YIA	1 See L	14. FA	THER'S NAME	MIDDLELAS	NT.	15. MOTHER'S MAIDE	N NAME	DI IIIIDON	AST
MAR	po de	1	CLAUDE	WAR		CAROLYN	LEE	BLUNDON	
ORE,	dicof		AS DECEASED EVER IN U.S. A		SECURITY NO.	17 INFORMANT	ADDRI 95	18 Burwick	v 00070
TIMO	S. Poo		YES WI	/II 220	44 3591	John Franc	cis Warren. Sa	n Antonio, 19	1 70250
DS, 201 W. PRESTON ST., B.	quires that the death certifica signed by the attending phys hen please remave carbonpap to burial, cremotian, or remave njury, ar ather traumatic event,	NO	PART I. DEATH WAS CAUS	DUE TO, OR AS A CON	SEQUENCE OF SEQUENCE OF	AGIM PAGIM PAGIN-CLI NOT RELATED TO THE	Mosphe -	caol	lio
DIVISION OF VITAL RECORDS,	in. hos been permit. I ene prior	CERTIFICATION	196. DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
DF VITA	physicial physic		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OF	CCURRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)	
NO.	4YSKC ding us cer burio Ment	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OF TO	OWN COUNTY	STATE
VISI	G Prenther the sthe	¥	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	100	0 - 1	1 0/1	,
٥	or or see of the second		220.1 certify that (1) (this has	pital) attended the deceased	from 10	, 17	5 6 10 11 18 1818	19 19	m, that (I) (we) last
1	Pitel Pitel For U		sow the deceased alive a above. (1) (we) (did) (did)	on	19_14,0	nd that in (my) (our) op	inion death occurred on the d		
4	OR A Pos Ched Ched Ched Ched Ched		27k STONATURE	, /.		DEGREE ATTENDI	NG MEDICAL STA		TE SIGNED
	Y the deto deto lote [tron	1. cm	1	/ PHYSICI	AN DIRECTOR PHYSI	SIAN []	3-3-84
	O HOSPITAL etoined by tl TO FUNERAL should be det with the Stole		F. 6. 19	pthe,	UD	3 Bac	1 St. Be	clin 21	811
	5 5 7 4 3 3		URIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF	EMETERY OR CREMA	ORY 23d. LOCATION	MONTGOMER	RY SMD
	BP		BURIAL	3/8/84	GATE	OF HEAVEN		SPRING.	
	DHMH - 16 50M 4/B2 (VRA 15, 4)	24. FL	INERAL DIRECTOR Jose	ph Gawler's SO Ave., N.W. Wa	NS INC		IAR 1 2 1984 P	THE DEVIALENCE	WI LAKE

The same δ is the same and ϵ 27 75 Noncenter ideo file. on coute 115 of the first process for the 21817 The second secon MODELLAND CALLED CALCAGO DECEMBER 18 to the sell warry reselven, R/o br. Fred Arthen the state of the state of the D. 00 - Parag. Com at Electricis States of Landin the sea so some you 65.2.2.3 G. Platers H.D Brog It Beeling 21811 PART OF STREET TATALL Joseph Judoffs ons II.

3 2	1-	FOR STATE REGISTRAR			DEPARTMENT	OF HEALTI				4		
		CEASED NAME PE OR PRINT)	FIRST		WIDDLE		LAST		20 DATE KNOWN OF ESTI-	MONTH	DAY YEAR	2b. HOUR
THE STATE OF THE S	3. SE	EMALE	Janice WHITE	DATE OF BIRTH	YEAR LAST	E (IN YEARS IF UI BIRTHDAY) MONI	Williams NDER TYR. IF U	OURS MIN.	26. DATE PRONOUNCED DEAD	3 MONTH 3	23 19 84 DAY YEAR 23 1984	8:45I
N. SPEN	FI	IRTHPLACE (STATE DREIGN COUNTRY)		b. CITIZEN OF W	AT COUNTRY?	WIDOV		IVORCED	9. BALTIMORE CITY Worceste	er Coun	of DEATH	MD
DELAY IS IN PAGE 5 IN PAGE 50 IN PAGE	USU	Berlin		R	CILITY, GIVE STREET AD	DRESS)	HER INSTITUTION	N 17a US FOR	MOST OF WORKING LIFE)	PE OF WORK	OR INDUST	JSINESS RY
AD, 2126 2, AND 2, AND 3, RETA 3, RETA MILITECO	130 3	ATHER'S NAME	13b. COUNTY	OR	13t. CITY OR TO	LIN	YES N	MAIDEN NAM	12/ 13	0431	14 2	21811
MORE. A	16a. \	WAS DECEASED EV	ER IN U.S. ARME		BERT 166. SOCIAL SE		ANI 17. INFORMAN	NE 1	BLINS ADDRE	SS	LAST	
FT. BALT DURS ATT 18. GIVE 5. WITH P AIT. PAGE E. DIVISIO	-	II CAUSE OF DE	2	one couse per line	222-3,		Kix	4. 4.	KKIBM	5 /	SELLI APPROXIMATI BETWEEN ONSE	E INTERVAL T AND DEATH
101 W. PRESTON 5 TED WITHIN 24 HG N PENCIL IN ITEM XAMINER ALONG AL-TRANSIT PEN MENTAL HYGIENE N, OR REMOVAL.	7	9104 Conditions, a gover ise	f any, which to immediate ling the under-	CAUSE (a) DUE TO, OR	Drowning AS A CONSEQUE	ENCE OF						
4 D=m=00	NOI	PART 2 OTHER SIGNIFI	Se	izure dis	sorder							
VITAL RISHOULD ONE PROUID ONE PROUID ONE PROUID ON TO FHE BURIAL,	CERTIFICATION	190 DATE OF OPE			TION FOR WHICH						LIMITE	ED NO
DIVISION OF VITAL RECORDS, IIS CERTIFICATE SHOULD BE EXECURITY REPED TO THE CHIEF MEDICAL GRESS SHOULD BE USED AS A BUR THE DEPARTMENT OF HEALTH AN ZOU PRICE 10 BUILDING SOUTH	MEDICAL CE	UNDERLYING CONTRIBUTING	XOR CAUSE OF DE	21e PLACE C STREET, FACT	MONTH DAY 3 23 DE INJURY (AT HO ORY, FARM, ETC.)	YEAR 19 84 S	Subject CATION STREET		in bathtu	ib coun	īY	STATE
TO MEDICAL JAMINER: THIS EXECUTE THE CERTIFICATE, WITH PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR. PAGE A STER DEATH, WITH THE STATISMORE, MARYDAND (2) 20		WHILE AT WORK AT 22a I certify th death resulted fy ACTUAL SIGNATURE	at I took charge	of the remains des	nome cribed above, held crident [X],			IFY)	Berlin Inquiry	DATE SIGNED.		
O MEDIC XECUTE AGE 4 S O FUNE FIER DE ALTIMO		EXAMINER'S NAM	DOTHI		th, M.D.		ADDRESS	ll Penn		0.,MD.		
BP	(:	URIAL CREMATION PER OPPORT UNERAL DIRECTOR NAME LELL	94 3	DATE -26-89	RIOL PERIOL	SESOL-		DATE REC'D. BY	CATION OFFICTY REGIST RESIDENCE	COUNTY STATES	Staff and Staff	Ks.
20M 4/82				.14.	1	111111			<u> </u>			

